VOLUNTEER INFORMATION

Habitat for Humanity is a volunteer organization and we need the help of those willing to donate their time and skills to fulfill our mission in Burlington County. No matter what your skill, Habitat has a place for you. Please let us know how you can help by completing this form and mailing it to: **Habitat for Humanity Burlington County, 1702 Taylors Lane, Cinnaminson, NJ 08077. Call the office on Tuesday afternoons to find out what work sites will be open that week.**

Name _____Date _____

Address _____

City _____State _____Zip Code _____

Phone (H) _____Phone (W)_____e-mail _____

Assumption of Risk

The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, Volunteer recognizes and understands that activities at Habitat, may in some situations, involve inherently dangerous activities.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for Habitat.

Insurance

The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

Photographic Release

Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

How did you acquire this form? At the work site_____ Special Event (Name) _____ Office ____ On-line ____

I would like to volunteer on (circle below):

Building Work Sites (W–Sat) Habitat ReStore (W-Sat) Office Work (M-F) Special Events (TBD)

☐ I can read blueprints. ☐ I am capable of supervising. ☐ Helper ☐ Licensed

When are you available (can list specific dates, or day(s) of the week): _____

I am interested in serving on the following **Committees**: (Circle one, please)

Building Family Relations Family Selection Classroom workshops Finance Fund Raising Church Relations

Publicity & Outreach Youth Group Program Development Special Events Hospitality(providing food or hosting visitors)

Emergency: Please list two people who could be reached in an emergency.

(1) _____ _____ _____
Name Relationship Phone

(2) _____ _____ _____
Name Relationship Phone

Medical Release: I understand that I take full responsibility for my welfare and safety on the job site. I hereby give my permission for emergency medical treatment to be administered as deemed appropriate.

_____
Signature or Parent Signature if volunteer under 18 years of age.

Revised 12/07